

Reviewing your Aetna administrative service contract/stop loss statement

Keep this document for future reference.

If you have any questions or concerns, please contact the Aetna Plan Sponsor Services department.



This brochure will help you understand your monthly bill and familiarize you with its standard format; please use it as an ongoing reference tool. We want to ensure that your bill is accurate and easy to understand.

We want you to know[®]



Reviewing your Aetna administrative service contract/stop loss statement

This invoice represents your benefits that are funded through an Administrative Service Contract (ASC) with or without Stop Loss. The statement(s) is generated in advance of your billing due date, and remittance should be made no later than the reflected payment due date. It is important that you return all of the invoice pages and display the total amount due on the final page as we will use these figures to prepare your Employee Benefits Plan Annual Financial Reports.

1. Aetna[†] address to which you should remit your payment.
2. Your company name and address.
3. Outlines various administrative details regarding your account.
 - **Customer Number:** Number used to identify your account and should be included on all correspondence and forms.
 - **Billing Arrangement Number:** Number used to identify billing structure for a specific group of benefits.
 - **SFO/Customer Team:** The name and number of the Aetna field office which is responsible for servicing your account.
 - **Invoice Month:** Identifies the month in which the activity takes place; e.g., 3/07 would represent the activity between 2/1/07 and 2/28/07.
 - **Prepared Date:** The date the invoice was prepared.
 - **Page Number:** Some invoices will have multiple lines and each page will reflect the page number.
 - **Invoice Type:** Identifies the invoice as either ASC or Stop Loss type.
 - **Wire Line Number:** If applicable, this identifies the wire line number used to submit claims.
 - **Region:** Internal Aetna purposes only.
4. Used to enter the amount of total current due plus any outstanding due amounts not paid to date.
5. Reminder that remittance address is located on reverse side of the bill.
6. Describes the benefits or services that are being billed in each service line.
7. The volume equals the number of lives for the corresponding benefit/service.
8. Rate you should use to calculate the premium or fee for the corresponding benefit/service.
 - **PER EE:** Per Employee.
 - **NA/Special Charge:** A service line billed on a flat fee.
 - **NS/EE:** No Structure Per Employee.
9. Total amount due for the corresponding benefit/service.
10. The adjustment amount should include any adjustments that are due as a result of retroactive rate or volume changes.
11. Total current month due including adjustments.
12. If applicable, messages will appear that pertain to specific items on the invoice.

Service Fee Billing

Stop Loss

1 AETNA
AETNA- MIDDLETOWN
P.O. BOX 88863
CHICAGO, IL 60695 1863

Aetna

**Administrative Service Contract
Stop Loss Invoice**

2 SAMPLE USA, INC.
1234 MAIN STREET
ANYWHERE, USA 100013

3

Customer Number 0877039	Page Number 1
Billing Arrangement Number 002	Invoice Type SF-INDIAGG SL
SFO/Customer Team PRT	Wire Line Number 0034730
Invoice Month 2/07	Region KEY
Prepared Date 1/20/07	

Payments received after the "Payment Due Date" are subject to a late payment charge.

4 Enter Payment Total Here

5 If additional statements are enclosed please total and remit.
Make checks payable to Aetna and mail to remittance address on the back of this page.
Please provide customer and billing arrangement numbers on your check.

6 Coverage Service	7 Volume	8 Billing Rate/Basis	9 Amount Due
85 MEDICAL	1,772	\$30.42 PER EE	\$53,904.24
10 ADJUSTMENT AMOUNT			\$0.00
11 AMOUNT DUE			\$53,904.24
12 MESSAGES			

13 Signature of Contractholder

14 Please indicate Address and/or Phone Number changes on the reverse side.

13. Signature of the contract holder or authorized representative which indicates the information you have presented on the form is correct.
14. Space should be used to indicate changes that have occurred to your address and/or phone number since remitting your last payment.

Administrative Service Fee

1 AETNA
AETNA- MIDDLETOWN
P.O. BOX 88863
CHICAGO, IL 60695 1863

Aetna

**Administrative Service Contract
Service Fee Invoice**

2 SAMPLE USA, INC.
1234 MAIN STREET
ANYWHERE, USA 100013

3

Customer Number 0877038	Page Number 1
Billing Arrangement Number 001	Invoice Type SF-INDIAGG SL
SFO/Customer Team PRT	Wire Line Number 0034730
Invoice Month 2/07	Region KEY
Prepared Date 1/20/07	

Payments received after the "Payment Due Date" are subject to a late payment charge.

4 Enter Payment Total Here

5 If additional statements are enclosed please total and remit.
Make checks payable to Aetna and mail to remittance address on the back of this page.
Please provide customer and billing arrangement numbers on your check.

6 Coverage Service	7 Volume	8 Billing Rate/Basis	9 Amount Due
01 TRADITIONAL CHOICE	11	\$31.96 PER EE	\$351.56
07 MANAGED CHOICE	1	\$31.96 PER EE	\$31.96
02 OPEN CHOICE	10	\$25.00 PER EE	\$250.00
41 RX DRUG	22	\$3.00 PER EE	\$66.00
10 ADJUSTMENT AMOUNT			\$0.00
11 AMOUNT DUE			\$699.52
12 MESSAGES			

13 Signature of Contractholder

14 Please indicate Address and/or Phone Number changes on the reverse side.

For illustrative purposes only.

***Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. The Aetna companies that offer, underwrite or administer benefits coverage include Aetna Health Inc., Aetna Health of California Inc., Aetna Health of the Carolinas Inc., Aetna Health of Illinois Inc., Aetna Dental Inc., Aetna Dental of California Inc., Aetna Life Insurance Company, Aetna Health Insurance Company of New York, Corporate Health Insurance Company through December 31, 2007/Aetna Health Insurance Company effective January 1, 2008, and Aetna Health Administrators, LLC (Aetna).**

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